UNITED STATES DISTRICT COURT DISTRICT OF OREGON

		Civil Ca	ase No3:14-C	V-00367	7-SI
In re GALENA BIOPHARMA, INC. SECURITIES LITIGATION Plaintiff(s),		APPLIC	CATION FOR SION – <i>PRO</i>	SPEC	CIAL
V.					
Defendant(s).					
Attorney Leigh Handelman S	Smollar	request	s special adm	ission	<i>pro hac vice</i> in
the above-captioned case.					
Certification of Attorney Seeking <i>Pro E</i> requirements of LR 83-3, and certify that (1) PERSONAL DATA:				dersta	nd the
Name: Handelman Sr	nollar Le	eigh		R.	
(Last Name) Firm or Business Affiliat:	,	st Name) ntz LLP	(A	MI)	(Suffix)
	10 South La		3505		
City: Chicago			nis	7· (60603
		State: Illin	UI3	Z1p: `	
Phone Number: (312) 3 Business E-mail Address			Number: (3	Zip	377-1184

()	ADMISSIONS INFORMATION:
(a)	State bar admission(s), date(s) of admission, and bar ID number(s): Illinois, November 1996, ARDC: 6237247
(b)	Other federal court admission(s), date(s) of admission, and bar ID number(s): USDC Northern District of Illinois- December 18, 1996
	Seventh Circuit Court of Appeals- November 15, 2002
	Eighth Circuit Court of Appeals- September 1, 2005
CER	TIFICATION OF DISCIPLINARY ACTIONS:
(a)	☑ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or
(b)	☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)
CER	TIFICATION OF PROFESSIONAL LIABILITY INSURANCE:
insura	e professional liability insurance, or financial responsibility equivalent to liability ance, that will apply and remain in force for the duration of the case, including any all proceedings.
REP	RESENTATION STATEMENT:

	(6)	CM/ECF RE	GISTRATION:				
		become a regin (See the Court	stered user of the 's website at <u>ord.</u>	is <i>pro hac vice</i> appli Court's Case Mana uscourts.gov), and I I the Local Rules of	gement/Elec consent to e	etronic Case File electronic service	system.
	DATE	D this 10th	day of Nove	mber , 2014			
	·				gh Hand Pro Hac Counsel andelman	<u>delman Sm</u> Smollar	nollar
				(Typed Name)		Ollioisti	
CERT	IFICAT	TION OF ASSO	CIATED LOC	AL COUNSEL:			
				f the bar of this Cou is designated local co			
	DATE	D this 17	day of Nove	mber <u>,</u> 2014	· ·		
				Jeff	rey Ra	tliff	
				(Sighatine of I	Locol Counsel)	W	
Name:	Rattif		, , , , , , , , , , , , , , , , , , ,	Jeffrey (Pirst Name)		S Mb	(Suffix)
Oregor		sar Number: 8	93422		· 	()	(2-00-9
				rtson Martin & R	atliff, LLP		
Mailin	g Addre	ss: 1500 NE	Irving St., Suit	e 412			
	ortland			State: <u>C</u>	ir.	Zip: <u>9</u> 7232	•
Phone	Number	<u> 503-226-36</u>	664	_ Business E-mail	Address; <u>rg</u>	ilbertson@qwest	loffice.net
· · · · · ·		· .	CO.	URT ACTION			
	<u> </u>	-					
,		-	plication approv plication denied	ed subject to paymen	it of fees.		
	DATE	D this <u>17th</u>	day of <u>Nove</u>	ember , 2014			
		.,	tina demonstrativa (territoria) Alexandra	_/s/ Mich Judge	ael H. Sim	on	